

CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL (5-99)

1. CIR./DIST./DIV. CODE <b>CAU</b>		2. PERSON REPRESENTED <b>PUGH, WILLIAM</b>		VOUCHER NUMBER																																																																																																																																																				
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER <b>CV-05-01262-MHP</b>		5. APPEALS DKT./DEF. NUMBER <b>06-15547</b>																																																																																																																																																				
7. IN CASE/MATTER OF (Case Name) <b>PUGH V. A.P. KANE, WARDEN</b>		8. PAYMENT CATEGORY <input type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other... <input checked="" type="checkbox"/> Appeal <input type="checkbox"/> Habeas Appeal		9. TYPE PERSON REPRESENTED <input type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Juvenile Defendant <input checked="" type="checkbox"/> Appellant <input type="checkbox"/> Petitioner - Appellant																																																																																																																																																				
10. REPRESENTATION TYPE (See Instructions) <b>HA</b>																																																																																																																																																								
11. OFFENSE(S) CHARGED (Cite U. S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense <b>28:2254</b>																																																																																																																																																								
12. ATTORNEY'S NAME (First Name, M. I., Last Name, including any suffix), AND MAILING ADDRESS  <b>MR. GEORGE C. BOISSEAU</b> <b>740 FOURTH ST. 2ND FLR.</b> <b>SANTA ROSA, CA 95404</b>  Telephone Number <b>707-578-5636</b>			13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Sub for Retained Atty. <input type="checkbox"/> P Subs for Panel Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's Name: _____ Appointment Date: _____ <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interest of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, OR <input type="checkbox"/> Other (See Instructions) _____ Hon. Judge/Clerk _____ Signature Of Presiding Judicial Officer or By Order Of The Court _____ Date Of Order <b>4/14/2008</b> Nunc Pro Tunc Date _____ Repayment or partial repayment ordered from the person represented for this service at time of appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO																																																																																																																																																					
14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions)  <div style="text-align: center;"> <b>FILED</b>  <b>MAY - 6 2008</b>  <b>RICHARD W. WIEKING</b>  <b>CLERK U.S. DISTRICT COURT,</b>  <b>NORTHERN DISTRICT OF CALIFORNIA</b> </div>																																																																																																																																																								
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CLAIM STATUS  <input type="checkbox"/> Final Payment      <input type="checkbox"/> Interim Payment Number _____      <input type="checkbox"/> Supplemental Payment          Have you previously applied to the court for compensation and/or reimbursement for this case?      <input type="checkbox"/> YES      <input type="checkbox"/> NO If yes, were you paid?      <input type="checkbox"/> YES      <input type="checkbox"/> NO          Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation?      <input type="checkbox"/> YES      <input type="checkbox"/> NO If yes, give details on additional sheets.          I swear or affirm the truth or correctness of the above statements..           Signature Of Attorney _____ Date _____       </td> </tr> <tr> <td colspan="2">23. IN COURT COMP.</td> <td colspan="2">24. OUT OF COURT COMP.</td> <td colspan="2">25. 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